

AIDS FOR THE BLIND

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook updates the Department of Veterans Affairs (VA) procedures for providing aids to blind veteran beneficiaries.
- 2. SUMMARY OF CHANGES:** This VHA Handbook updates current procedures.
- 3. RELATED ISSUES:** VHA Directive 1173 and VHA Handbooks 1173.1 through 1173.15.
- 4. RESPONSIBLE OFFICE:** The Chief Consultant, Prosthetic and Sensory Aids Service Strategic Healthcare Group (113), is responsible for the contents of this VHA Handbook. Questions may be referred to 202-273-8515.
- 5. RESCISSIONS:** VHA Handbook 1173.5, dated November 1, 2000, is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of September 2007.

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Under Secretary for Health

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AIDS FOR THE BLIND

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes uniform and consistent system-wide policy and procedures for furnishing aids to blinded veteran beneficiaries through the Prosthetic and Sensory Aids Service (PSAS).

2. ELIGIBILITY

a. Mechanical aids for the blind, and repairs to these aids, must be furnished to eligible blinded veterans to overcome the physical and economic impairments associated with blindness when the veteran is enrolled under Title 38, United States Code (U.S.C.), Chapter 17, Section 1705.

b. Aids for the blind, and repairs, may be furnished to other veterans eligible for medical and/or prosthetic services as defined in Handbook 1173.1 provided the equipment is medically and rehabilitatively indicated.

3. DEFINITIONS

a. **An Aid for the Blind.** An aid for the blind is any prosthetic device or item of equipment, or animal, used in assisting a legally blind or visually impaired beneficiary in overcoming the impairments associated with blindness and vision loss, including, but not limited to:

(1) Devices or items specially designed for use by persons who are blind, e.g., long canes, writing guides, Braille writers, Braille and/or low-vision talking watches, signature guides, talking calculators, optical character readers, etc.

(2) Devices usually used by sighted persons, but which have been approved for use by blind beneficiaries for the specific purpose of assisting them in overcoming blindness, in addition to ensuring safety, e.g., electric razors, voice-activated organizers, typewriters, recording devices, computers, Brett guards, large-print playing cards, etc.

(3) Guide dogs specially trained to assist blind persons.

(4) Any device or item requiring evaluation and/or training by a low-vision specialist or blind rehabilitation professional.

b. **Blind Rehabilitation Centers (BRC).** A BRC is a special organizational unit established at select Department of Veterans Affairs (VA) medical centers to provide comprehensive rehabilitation of veterans who are blind, including, but not limited to: training in orientation and mobility, communication skills, activities of daily living, manual skills, low vision and computer access training.

(1) BRCs provide this comprehensive training through a residential or inpatient program model, generally lasting several weeks for each admission.

(2) BRCs have been established at the following VA medical centers: Hines, IL; Palo Alto, CA; West Haven, CT; American Lake (Tacoma), WA; Waco, TX; Birmingham, AL; San Juan, PR; Tucson, AZ; Augusta, GA, and West Palm Beach, FL.

c. **Blind Rehabilitation Outpatient Specialist (BROS).** BROS are multi-skilled and experienced blind rehabilitation instructors who have advanced technical knowledge and competencies in at least two of the following disciplines at the journeyman level: orientation and mobility; living skills; manual skills, and visual skills. They have been cross-trained to acquire broad-based knowledge in each of the BRC disciplines, as well as computer-access training.

d. **Legal Blindness.** Legal blindness exists when a person's best corrected central visual acuity in the better eye is less than or equal to 20/200, or if the central visual acuity in that eye is better than 20/200, but the visual field dimension is less than or equal to 20 degrees at the widest diameter.

e. **Optical Low-Vision Devices.** An optical low-vision device is any device that alters the image focus, size (magnification), contrast, brightness, color, or directionality of an object through the use of lenses or other technology. Such devices include, but are not limited to: eyeglasses (with or without tint), microscopic spectacles, hand-held magnifiers, stand magnifiers, telescopes (monocular or binocular), head-borne lenses, magnifiers, prisms, and closed-circuit televisions (CCTVs).

f. **Visual Impairment Services Team (VIST).** A VIST is a team comprised of health care and allied health care professionals charged with the responsibility for determining and/or providing the comprehensive services required by a visually impaired veteran. Representatives may include, but are not limited to: ophthalmology, optometry, medicine, audiology and speech pathology, prosthetics, social work, nursing, administration, vocational rehabilitation, adjudication and veterans benefits. The VIST may include a representative from the local Blinded Veterans Association, as well as a representative from a local agency for the blind. Each team has a VIST Coordinator who, with appropriate training and competencies, serves as the local resource on visual impairment issues, benefits, and services.

g. **Competencies.** VA staff with a degree in blind rehabilitation or certification in an area of expertise (i.e., low vision) will be deemed competent to evaluate and/or train on various devices for which they have demonstrated educational or on the job experience. ***NOTE: Blind Rehabilitation Service (BRS), VA Central Office, encourages competency training on specific equipment for interested staff who otherwise do not have a professional background in blind rehabilitation.***

h. **National Standards for Issuance.** PSAS, in collaboration with BRS, VA Central Office, develops and publishes clinical practice recommendations of issuance of various types of equipment issued in accordance with the infrastructure of the Prosthetic Clinical Management Program.

4. INSTRUCTIONS FOR ISSUING AIDS FOR THE BLIND

NOTE: *The procedures outlined in Handbooks 1173.1 and 1173.2 are generally applicable to furnishing aids to veterans who are blind.*

a. Aids and devices for the blind may be issued by the local VIST Coordinator, BROS, or BRC program, provided the following conditions are met:

(1) Optical devices must be prescribed by an appropriate eye care professional (ophthalmologist or optometrist).

(2) The veteran has a stated need for each device issued.

(3) The veteran must demonstrate the ability to use the device correctly.

(4) When training is required, it must be provided in accordance with the national standards for issuance of a particular device. If a standard for issuance has not been developed for a particular device, then the prescribing program (BRC, VIST, or BROS) may develop local standards until such time a national standard is published. The training must be provided by an individual with appropriate competencies to teach that particular device.

b. Veterans requesting issuance of a device through the VA will be provided evaluation, training (if necessary), and issuance if the preceding conditions are met in a timely manner. When local issuance is being considered, every effort needs to be made to begin evaluation and/or training within 30 days of request from the veteran. If all criteria are met for issuance of the device, it is to be issued within 72 hours of completion of training. Devices that are related to patient safety need to be evaluated and issued immediately, or within a 24-hour period from the time of request.

c. Evaluation and/or training on equipment for the blind should be provided by specialists with appropriate competencies, in the least restrictive environment available and in accordance with the accepted issuance criteria established for each device. The evaluation and/or training can be provided by any qualified blind rehabilitation professional (BRC, BROS, VIST, Visual Impairment Centers To Optimize Remaining Sight (VICTORS), or non-VA).

d. Issuance of a device is to be based on demonstrated proficiency and ability to safely and independently use the device. The issuance of a device must follow nationally established guidelines for issuance and must include written justification of need, training provided, and the capability of the veteran to utilize the equipment.

(1) Whenever eligible beneficiaries are referred to a VA BRC, all aids for the blind and special equipment recommended by that center for issuance to the veteran upon completion of training will be furnished by the prosthetic activity at the VA medical center where the BRC is located. The Chief, Blind Rehabilitation Service, is the approving official. Copies of all procurement documents, VA Form 10-2421, Prosthetic Authorization for Items or Services, or

issue documents, VA Form 10-2529-3, Request and Receipt for Prosthetic Appliances or Services, (issues from stock), must be sent to the veteran's primary service facility.

(2) In most cases, veterans are to be encouraged to attend a BRC program for comprehensive evaluation and training. However, when training at a VA BRC is not possible, then alternative programs (i.e., VICTORS, or a non-VA agency (state or private) may be used as a resource for the evaluation and/or training of a veteran. The results and recommendations made following the referral to a non-VA agency must be reviewed by the local VIST for appropriate action.

c. Personal computers and certain add-on(s) electronic sensory equipment such as: synthesizers, speech recognition systems, software, optical character recognition systems, etc., must be issued when medical and/or rehabilitative need is determined, and the ability to appropriately use the device is demonstrated.

(1) The law permits the issuance of a wide variety of equipment to eligible veterans to overcome the handicap of blindness under Title 38, United States Code (U.S.C.), Chapter 17, Section 1714(b).

(2) Initial requests and/or prescriptions for computer-based electronic sensory equipment for veterans who are blind are to be reviewed by the field facility's VIST.

(3) Request Procedure

(a) Veterans must submit their requests for any aids for the blind through their VIST Coordinator. The prosthetic activity is responsible for eligibility determinations. If the veteran is eligible, the VIST reviews the request and conducts a clinical assessment regarding the veteran's diagnosis, prognosis, need for equipment, etc., to determine the veteran's potential to successfully learn to use the equipment.

(b) VIST, in consultation with BRC of Jurisdiction, will determine the most appropriate place for further evaluation and/or training and issuance. The request may be handled locally, if the issuance can be effectively completed locally either directly through VIST, BROS, or with assistance from a qualified community resource. If the request cannot be completed locally (i.e., requires evaluation and/or training not available at the local level), the request is to be forwarded to the appropriate BRC program for possible admission or further evaluation. A veteran requesting limited training at a BRC program (i.e., one device only) may be considered for admission, if local training is not an option.

(c) Oversight is provided by BRS to ensure that appropriate assessment and training competencies are maintained.

(4) **Criteria for Issuance.** The veteran must demonstrate a certain level of proficiency to use the requested equipment, and will be asked to demonstrate:

(a) A thorough working knowledge of the operating procedures of the device.

(b) A functional comprehension of the output of the device.

(c) Proficiency in using the device to perform the tasks for which the equipment is being requested.

NOTE: *Issuance of applicable software is limited to that which was utilized as part of the veteran's training at a VA BRC and/or local training facility. Application software associated with the veteran's operational environment is limited to that required to overcome the handicap of blindness.*

(5) **Training.** Upon completion of the initial evaluation, a determination is made as to whether training should be initiated. Training needs to be conducted in the least restrictive environment available to the veteran, depending upon the availability of appropriate, quality local resources for the blind (i.e., BROS or community agencies). If the training cannot be provided locally or the veteran requests training at a BRC program, VIST is to refer the veteran to the BRC of jurisdiction for further evaluation and training. Training materials developed by the manufacturer are utilized by the training centers with appropriate additions, deletions, and/or modifications of training aids to meet special needs of the veteran.

5. REPLACEMENT APPLIANCES

a. Aids for the blind may be replaced after it is determined that: they are no longer serviceable due to fair wear and tear, or no longer meets the veteran's stated needs, or has been replaced with a new device with superior technological capabilities. In consultation with the low-vision specialists responsible for the veteran's care and treatment, such determination is made by the Chief of the Prosthetic Activity, at the facility with outpatient clinic of jurisdiction responsibility (see VHA Handbook 1173.2).

b. Veterans having in their possession items of equipment which are surplus to their needs may return such equipment to their local PSAS at any time without forfeiting their eligibility to such equipment at some future time. At no time, however, will such action be permitted for the sole purpose of obtaining a newer model of similar type equipment.

6. DUPLICATE ISSUANCE OF APPLIANCES

a. Veterans who are furnished aids for the blind may be authorized duplicate aids when the following conditions are met:

(1) The veteran is eligible for such aids under the authority of Title 38, U.S.C., Chapter 17, Section 1714(b) (see par. 2).

(2) The item significantly contributes to the veteran overcoming the physical or economic handicap of blindness, e.g., it is required for vocational or avocational activities.

b. Spare devices will not normally be authorized to veterans who have been furnished aids for the blind as part of their care and treatment. Unusual cases will be referred to the Veterans Integrated Service Network (VISN) for consideration by submitting VA Form 10-2641, Authority for Issuance of Special and/or Experimental Appliance, in the normal manner.

7. REPAIRS

a. Repairs for aids for the blind are obtained by use of VA Form 10-2501, Prosthetic Service Card (PSC), or VA Form 10-2421, whichever is most appropriate. PSCs have a price limitation of \$100.00. PSCs are only to be issued by the outpatient clinic with jurisdiction for providing the veteran's prosthetic service. **NOTE:** *The policy for issuance of PSCs is contained in Handbooks 1173.1 and 1173.2.*

b. Maintenance contracts may be considered for veterans with continuing eligibility who have been issued extremely costly electronic items, when it is cost-effective and when it is in the best interest of the veteran and the Government. Maintenance contracts are not issued for items with relatively low or moderate cost, e.g., CCTVs, laser canes, optacon, etc.

8. GUIDE DOGS

a. Guide dogs may be authorized for issuance to eligible veterans who are enrolled under Title 38, U.S.C., Chapter 17, Section 1705, the authority that permits a veteran to receive aids for the blind as part of medical and/or rehabilitative services.

b. Each request from an eligible veteran for a guide dog must be subject to the requirements of that guide dog agency.

c. If the veteran appears to be a good candidate for the use of a guide dog, the request, with all pertinent information, should be forwarded to the guide dog agency concerned. Forms may be obtained from the guide dog agency or local VA medical center. Travel arrangements will be made through the Health Administration Service at the local VA medical center.

d. If the veteran becomes adjusted to a guide dog, it will be explained that the dog is the veteran's property and that the veteran is responsible for procuring and paying for license tags (if required), food, and for liability of any damages inflicted by the dog on others. Veterinary treatment and harness repairs may be authorized as repair services under the authority of a PSC or VA Form 10-2421.

9. STOCK ITEMS

a. A supply of aids for the blind used in the activities of daily living needs to be maintained at VA field facilities for immediate issuance to eligible beneficiaries; these include, but are not limited to: signature guides, electric razors, watches, clocks, tape recorders, etc.

b. A supply of aids for the blind that are designed to ensure patient safety may be maintained at all VA field facilities for immediate issuance to eligible beneficiaries, provided appropriate training is available; these include, but are not limited to: long and or folding canes, magnifiers, talking glucometers, talking blood pressure monitors, talking thermometers, etc.

c. Prosthetic activities located at facilities having BRCs must maintain a comprehensive stock of aids for the blind for the immediate issuance to veterans trained at the BRC.

10. HOME SET-UP OF EQUIPMENT

Some types of electronic equipment may require assistance for set-up in the veteran's home. VIST and BRCs are encouraged to work with the prosthetic activity and all available resources to ensure that equipment is properly issued, set-up, and maintained in the veteran's home environment. This may be accomplished through BROS or a home visit by a BRC instructor if the veteran lives in close proximity to a BRC. In other cases, the VIST or BRC needs to identify a vendor or third party assistance with home set-up of special electronic equipment and convey this information to the Prosthetic Activity. The cost of set-up and delivery can be arranged and funded by the Prosthetics Activity.